PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

 ${\bf Application} \ {\bf or} \underline{{\bf D}} {\bf ocket} \ {\bf Number}$

10724090

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			1/	1/			}	RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUME	BER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TC	OTAL CHARGE	ABLE CLAIMS	j / minus 20=		* .	*		X\$ 9=		OR	X\$18=	
INE	DEPENDENT C	LAIMS	(m	inus 3 =	*			X43=	 	OR	X86=	
ML	JLTIPLE DEPEN	NDENT CLAIM PI	RESENT					+145=		1 1	+290=	
* If	the difference	e in column 1 is	less than zo	ero, enter	"0" in c	column 2	Ĺ	TOTAL	├──	OR OR	TOTAL	
CLAIMS AS AMENDED - PART II							IOIAL		Jon	OTHER	THAN	
		(Column 1)		(Colum	nn 2)	(Column 3)	<u> </u>	SMALL	ENTITY	OR	SMALLE	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=] [X\$ 9=		OR	X\$18=	
	Independent	* '	Minus	***		=] [X43=		OR	X86=	
	FIRST PHESE	ENTATION OF MU	JLTIPLE DEF	SENDENI	CLAIM		, L	+145=		OR	+290=	
							L	TOTAL		اريا ا	TOTAL	
		(Column 1)		(Colum	nn 2)	(Column 3)		DDIT. FEE]- /	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=]	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	3: 3134	=	┇	X43=	·	OR	X86=	
	FIRST PRESE	NTATION OF MU	LIIPLE DEP	ENDENT	CLAIM	<u> </u>	, [+145=		OR	+290=	
•							L	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	
	<u></u>	(Çolumn 1)		(Colum		(Column 3)	-	DDH. 1 LL =			10011. I LL	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIOI PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	L	Minus	***		=		X43=		OR	X86=	
لــــ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=			+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+23U- •		
							L			L	TOTAL	
*** [f the "Highest Nur If the "Highest Nur	mn 1 is less than the mber Previously Pai mber Previously Pai nber Previously Paid	aid For IN THIS aid For IN THIS	S SPACE is S SPACE is	less than	n 20, enter "20." n 3, enter "3."	Λι,	TOTAL ODIT. FEE		OR A	TOTAL ADDIT. FEE	